



Master Artist Workshop Series

Friday - Saturday | November 20-21, 2015 | Heard Museum – Monte Vista Room

Supported by the Margaret A. Cargill Foundation, the Heard Museum Master Artist Workshop series provides up-and-coming and mid-career artists access to mentorship with a master-level artist. The workshop will be taught by Ak-Mierl Aw-Thum Artist Royce Manuel.

Participants must be at least 18 years of age. Food will be provided. Travel stipends will be given to participants coming from outside the local area. Upon completion of the course, attendees will receive an honorarium for participation. Space is limited. Applicants will be notified if selected.

FMI: Marcus Monenerkit, Heard Museum community engagement curator, 602.251.0243 or email: mmonenerkit@heard.org

To register: visit heard.org. All applications should be mailed, faxed, or e-mailed to Marcus Monenerkit.

Deadline for application is 5 p.m., Thursday, November 19.



2301 N. Central Ave. Phoenix, AZ 85004 | 602.252.8840 | fax: 602.252.9757 | heard.org

IMAGE: Kiaha basket by Royce Manuel (Ak-Mierl Aw-Thum), photo courtesy of SRPMIC Community Relations



Heard Museum Master Artist Workshop Series

Participant Registration Form

Name: _____
First Middle Last

☐ Male ☐ Female ☐ Other

Birth Date: _____ (month/day/year) Tribal Affiliation: _____

Home Address: _____
Street Address City State Zip Code

Phone: _____ E-mail: _____

Emergency Contact:

Name: _____ Relationship: _____

Preferred Phones: (____) _____ (____) _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Allergies:

☐ No known allergies
☐ Allergic to: ☐ Food ☐ Medicine ☐ The environment (insect stings, hay fever, etc.) ☐ Other

*Note: The lodging and training locations cannot provide a peanut-free environment.

Please describe below any allergies and the reaction seen:

Diet, Nutrition:

☐ Regular diet ☐ Regular vegetarian diet ☐ Special food needs

*Note: Participants needing dietary assistance are asked to contact the Heard Museum no less than 5 days prior to the event. We will try to accommodate requests.

Please describe below special needs related to diet/nutrition:

Medical Insurance Information:

I am covered by family medical/hospital insurance ☐ Yes ☐ No

Insured's Name: _____

Insurance Company: _____

Policy Number: _____

Group Subscriber's Name: _____

Insurance Company Phone Number: (____) _____



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Biography:

Please provide a brief biography. The biography should include your name, tribal affiliation, school (you are currently attending or have attended), and/or profession. Please share anything you would like us to know about you and/or what you would like to gain from the Master Artist Workshop Series program.

- ☐ I have submitted my photograph.
- ☐ I will email a photograph to Marcus Monenerkit at mmonenerkit@heard.org by 11/18/15.

Restrictions:

- ☐ I have reviewed the program and activities, and I can take part without restrictions or accommodations.
- ☐ I have reviewed the program and activities, and I can take part with the following accommodations. Please describe below any restrictions you may have with mobility or any other special needs and we will try to make appropriate accommodations.

Thank you for your interest!

MEMORANDUM OF AGREEMENT

Participant Agreement

I, as the participant, agree to complete the Master Artist Workshop Series program from November 20-21, 2015. I will actively engage and cooperate with the staff, master artist, master artist assistant, and peer participants during the program. I am responsible for completing program requirements, participating in activities and cooperating with museum for additional grant reporting measures. I will not bring any type of weapon(s) or use any alcohol or drugs during the duration of the workshop, except for those prescribed for medical purposes by a doctor.

I recognize only with the successful completion of the program will I be able to receive the honorarium for my time, mileage reimbursement and have lodging provided for me.

I _____, understand I am responsible for arranging my own transportation to Camp Verde, Arizona for the program, and my return home.

Signature of Participant

Date



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Participant Registration Form

ACCOMMODATIONS

The Heard Museum has noted you will be traveling from: _____

*Note: The participant will assume the upfront cost of transportation to Phoenix, Arizona for the Master Artist Workshop Series program and their return home. Participants will be reimbursed based on the following:

- Roundtrip mileage for 150 miles and less will be reimbursed \$75/person
- Roundtrip mileage for more than 150 miles will be reimbursed \$150/person

The Heard Museum has reserved 10 rooms and will provide lodging on an as-needed basis (includes only room and tax) at the location below for participants for the night of November 20, 2015.

Fairfield Inn & Suites Midtown Phoenix
2520 N. Central Ave
Phoenix, AZ 85004
TEL: (602) 716-9900

*Note: Transportation from the Fairfield Inn and any other training locations will be provided.

Please indicate which mode of transportation you will be using:

☐ Car ☐ Air ☐ Other: _____

If traveling by air indicate:

Arrival: _____	Departure: _____
Airline: _____	Airline: _____
Flight number: _____	Flight number: _____

*Note: The Heard Museum will assume responsibility for your travel from the airport to the hotel. This will be coordinated prior to your arrival.

THINGS YOU SHOULD KNOW

- 1.) Each participant will receive a \$300 honorarium for their completion in the Master Artist Workshop Series program.
- 2.) Participants will receive their honorarium within 14 business days of the program's completion. Checks will be mailed to the address listed on the registration form.
- 3.) Please notify Master Artist Workshop Series staff member Marcus Monenerkit at 602.251.0243 or 602.573.1649 (cell) or via email at mmonenerkit@heard.org if you can no longer participate in the program as originally planned, or if you are not feeling well enough to participate during the program.
- 4.) Meals will be provided Friday and Saturday.
- 5.) Inappropriate behavior will not be tolerated.
- 6.) Participants found possessing or using alcohol, illegal substances or drug paraphernalia will be dismissed from the workshop immediately.
- 7.) The Heard Museum is grateful to offer the Master Artist Workshop Series program, and is committed to providing a positive learning experience. As a participant, you agree to communicate with the Heard on future evaluation of the program.



Heard Museum Master Artist Workshop Series

PHOTO/INTERVIEW RELEASE FORM

I hereby give permission to the Heard Museum, 2301 N. Central Avenue, Phoenix, AZ 85004:

- 1) to interview me/photograph me (still or moving images)/record my voice,
- 2) and to use, reuse, publish and republish the same in whole or in part for any lawful purposes in any and all media whether now known or hereafter existing, including print, broadcast and the World Wide Web,
- 3) and to use my full name in connection therewith.

I will make no monetary or other claim, including any and all claims for libel, for the use of the interview and/or the photograph(s)/video/recording of my voice.

This authorization and release also applies to the organization(s)/publication(s) for which the photographer/interviewer took the photos/video, recorded my voice and/or conducted the interview, and to their legal representatives, licensees and assignees.

Note exceptions here and/or by crossing out points above to which the photo/interview subject does not agree. Subject reserves the right to decline to answer certain questions and to stop the interview if he/she becomes uncomfortable. He/she may refuse the use of his/her full name and/or of his/her address, and may refuse to have his/her full face photographed.

Date: _____

Name of person photographed/interviewed (please print): _____

Physical description of person photographed and their clothing: _____

Address: _____

Phone Number: _____

Name (please print): _____

If the person photographed is under 18, I certify that I am his or her legal guardian and I give my consent with our reservations to the forgoing on his or her behalf.

Parent/Guardian: _____

Date: _____



Heard Museum Master Artist Workshop Series

Schedule

Heard Museum/ Ak-Mierl Aw-Thum

Basketry Workshop Schedule

Friday, November 20, 2015

Introductions	9 a.m.	at Heard Museum
Intro to Weaving	9:30 a.m. - 12 p.m.	at Heard Museum
Lunch	12 - 1 p.m.	at Heard Museum
Weaving Instruction	1 - 4 p.m.	at Heard Museum
Check-in to Hotel	5 p.m.	at Fairfield Inn & Suites
Dinner	6 p.m.	at TBD

Saturday, November 21, 2015

Check-out	8-9 a.m.	at Fairfield Inn & Suites
Breakfast	9 a.m.	at Heard Museum
Weaving Instruction	9 a.m. - 12 p.m.	at Heard Museum
Lunch	12 p.m. - 1 p.m.	at Heard Museum
Weaving Instruction	1 - 4 p.m.	at Heard Museum

*Please note, schedule and times are subject to change.